

Casualty Care: A Shot in the Arm for Casualty Units Enhances Facilities, Increases Staff Competence and Improves Care in Kenya Hospitals

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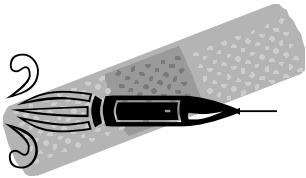


APHIA Financing and Sustainability Project CASUALTY CARE

A shot in the arm for casualty units enhances facilities, increases staff competence and improves care.

The tragedy of casualty units

The casualty care units in many Kenyan hospitals could themselves be viewed as approaching casualty status. Operating conditions are grim. Facilities are disorganized, often unclean. Staff are not well trained to handle emergencies effectively. Supplies are frequently in short supply or missing altogether.



Until recently, the situation at Coast Provincial General Hospital (PGH), Kenya's second largest hospital, was no exception. Both the public and hospital staff had identified an urgent need for improvement. In 1999, the APHIA Financing and Sustainability (AFS) Project and Kenya's Ministry of Health commissioned an assessment of Coast's Hospital Emergency Services Department with the aim of improving the casualty department's working environment and the service provided to patients.

Urgent reforms were mounted to improve immediate efficiency and the care environment. Substantial financial resources generated through cost sharing were spent on physical reorganization and renovations to the casualty department. Combined with aid from the Japanese government that was used to purchase modern equipment and management reforms provided through the AFS project, the department has been transformed.

Facility design, patient flow and drugs logistics

Security, patient flow and privacy are essential for a smooth casualty care operation. Prior to the reforms, chaos and congestion reigned in the casualty unit and arguments often broke out over who should be treated first. There was little if any crowd control by security staff. Coast PGH redesigned the space and layout of the casualty department, restructuring a general waiting area for walk-in patients as well as an ambulance entrance. Trained medical personnel were organized to greet patients on arrival in a separate area and set treatment priorities.

For extremely sick patients, directed to the observation ward, there was no privacy and cubicles had no curtains. This is all changing. As the facility was revamped, steps were taken to improve sanitation, cleanliness and infection control to reduce the risk of cross contamination. The unreliable availability of drugs and supplies was addressed as well. Poor planning and lack of accountability for re-stocking had led to frequent shortages. Stricter, more visible management controls combined with better organization and staff motivation improved the availability of vital medications and supplies.

Staff training and supervision

The importance of training in basic emergency medicine was illustrated by the fact there was no functioning trauma center with proper equipment at Coast PGH. Staff had not been trained in life support and resuscitation, so were not in a position to provide a responsive and comprehensive emergency service and reduce preventable deaths.

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In August 2000 a group of casualty department staff were sent on a basic life support course held by the Resuscitation Council of Kenya. In January 2001 another group of staff, this time from the pediatric department, were sent on a course for pediatric advanced life support held in conjunction with the Resuscitation Councils of Kenya and Great Britain. Both groups are now providing regular in-service training for their peers in the hope that this will continue to improve skills in emergency management in the casualty and pediatrics departments.

Written policies and procedures were instituted to guide nursing practice in casualty care. Regular staff meetings improved accountability and assisted supervisors to manage more effectively. With management and supervisory staff more clearly visible to monitor quantity and quality of patient care, both the performance and motivation of staff improved.



Emergency patients get better treatment at Coast PGH's modernized casualty unit

Next steps

Casualty patients at Coast PGH confirm substantial improvements in the quality of care and services, responsiveness and friendliness of staff, cleanliness, and availability of supplies. Next steps are to institute similar improvements in performance and quality in casualty care departments in hospitals throughout Kenya. With cost sharing revenues in place, more and more hospitals will be able to follow Coast's example.

Disaster preparedness

To further enhance emergency services at the hospital, MSH has actively promoted collaboration with International Medical Corps (IMC). Also supported by USAID, IMC will be assisting to improve the disaster

preparedness response at Coast PGH, particularly since Kenya has experienced several major disaster incidents over the last few years, most recently a major school fire that claimed the lives of nearly 70 pupils. Road traffic accidents involving multiple casualties are also a regular occurrence. IMC will carry on the work begun by MSH to help the hospital to improve disaster management training and planning, as well as to ensure that specialized equipment and supplies are in place for in emergencies.

APHIA Financing and Sustainability Project

Implemented by Management Sciences for Health under USAID Contract No. 623-0264-C-00-7005, the project worked with Kenya's Ministry of Health and hospitals across the country to improve organizational performance and quality of services, control costs, increase revenues (and cash collection), and improve patient and staff satisfaction. The purpose of these activities was to improve the quality of care provided by the hospitals, as well as institutional sustainability.